

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 050 ****61.25

DOCUMENT # N03570

1. Entity Name

LAKE POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6939 N. WICKHAM ROAD
MELBOURNE FL 32940

Mailing Address

6939 N. WICKHAM ROAD
MELBOURNE FL 32940



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2625033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, FRANCES
6939 N WICKHAM RD
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULTZ, MAGGIE	
STREET ADDRESS	331 MYLTHWOOD RD	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HARTMAN, GARRY	
STREET ADDRESS	97 CYPRESS POINT DR	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DILGEN, DAVID	
STREET ADDRESS	338 MYTHWOOD RD	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LADNER, TRENTON	
STREET ADDRESS	501 OAKMONT PLACE	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, MAGGIE	
STREET ADDRESS	331 MYRTLEWOOD RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, GAREY	
STREET ADDRESS	397 Cypress Point DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Dawson	
STREET ADDRESS	383 Myrtlewood Rd	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDLER, ELAINE	
STREET ADDRESS	387 CYPRESS POINT DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Maggie Schultz*

321-213-0434